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April 30, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
OP:Lt Shoulder Scope w/SAD, Revision Rotator Cuff Repair, Possible Open Proximal Biceps Tenodesis 29826 29827 23430 & ARC/Sling Shoulder Brace L3960

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
American Board Certified Orthopedic Surgeon with 13 years' experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male that was injured in a work related injury on xx/xx/xx. Claimant reported that he was working and a pressure tank plug blew off and him in the left hand.

01/17/13- The claimant presented with complaints of pain in his left hand. Physical exam shows no deformity of the hand, no ecchymosis, no effusion, no erythema, no swelling, grip strength normal and mild tenderness. XR of the left hand showed no fracture. Patient was diagnosed with Hand contusion and released to regular activity.

03/11/13- Claimant return for re-evaluation presenting with pain to his L shoulder, L sided neck pain, and L arm pain with numbness in the ulnar distribution of the hand. Per Doctors notes claimant was unable to move L shoulder in any way and reported that his pain started days after the injury. Claimant was referred to an orthopedic surgeon and placed on modified activity.

03/26/13- MR left shoulder without contrast. Impression: 1. 7mm x 3mm x 12mm focus of hydroxyapatite deposition (calcified tendinitis) along the bursal sided fibers of the subscapularis tendon insertion. No evidence of bursal extrusion. 2. Mild tendinosis of the supraspinatus and infraspinatus tendons. Interstitial tear of the distal supraspinatus tendon, involving less that 50% tendon thickness. 3. Moderate arthrosis of the acromioclavicular joint.

04/09/13- Claimant presented with worsening shoulder pain from the hyperabducted position after his hand was hit by a high pressure gun injury to the hand. Exam showed restricted range of motions with painful abduction past 90 degrees and marked weakness in abduction and forward flexion. Recommendation: rotator cuff repair and acromioplasty of the left shoulder. Claimant reports that he is off work. Claimant has history of CAD and had to have cardiac clearance prior to surgery.

05/01/13- Operative Report. Postoperative Diagnosis: Torn rotator cuff, left shoulder, with impingement syndrome. Procedure performed: Rotator cuff repair and acromioplasty, Left shoulder with no complications.
05/06/13- Evaluated by PT for s/p RTC repair by , PT. Claimant was referred for therapy of the Left shoulder. Claimant reported pain level 9/10 Physical Therapy Plan: 2 times per week Duration 6 weeks.

06/13/13- Re-evaluation. Claimant's total visits to PT are 11. Claimant reported he was still having pain 7/10 and tingling sensation in the 4th and 5th digits. Report states Overall progress is slower than expected and that claimant is unable to relax arm. Plan: continue PT 3 times a week until goals are met.

07/16/13- Therapy Progress note. Claimant's total visits to PT are 18. Claimant reports to be feeling better but still unable to move arm up and out to the side. Over all progress slower than normal. Plan to continue plan of care and therapy three times a week.

07/16/13- Follow up appointment Post rotator cuff repair. Claimant reported that he is doing well but is still having moderate amount of discomfort. He is still off work. recommended claimant to be off work and continue PT. Follow up in 4 weeks for reevaluation.

08/20/13- Therapy Progress note. Claimant has completed 28 PT visits. Claimant reports he is still in pain. Plan is to continue PT three times a week until goals are met.

10/18/13- Claimant presented with left shoulder pain rated 8/10. He stated that exercise, night pain, pushing and pulling and sleeping on his side make it worse and medication improves it. On examination, active motion was flexion of 60 degrees, abduction of 50 degrees, external rotation to 20 degrees and abduction to the waist. There was a positive a.c. compression test. There was passive flexion of 75 degrees, abduction of 60 degrees, external rotation to 20 degrees, and adduction to L5. There was a well-healed anterior/lateral shoulder incision.

His strength was 4/5 in all planes. He had a positive cross arm, positive Hawkins, positive Neer, positive crank test, negative load shift and negative sulcus exam. Sensation was normal. Xrays of the left shoulder revealed moderately advanced a.c. arthritis with no acute osseous pathology otherwise. Impression: left shoulder pain, rotator cuff injury status post previous injury, a.c. arthritis 719.41, 786.1, 715.11. Plan: recommends a repeat MRI of the left shoulder secondary to continued pain, weakness, limited range of motion despite previous surgery. Plan is to follow up post MRI. Claimant is still off work secondary to continued weakness, pain, and limited motion.

12/19/13- MRI of the Left Shoulder. Impression: High-grade partial articular surface tear of the superior cuff measuring 13 x 14mm.

01/03/14- Claimants follow up visit after MRI. Claimant rates pain 7/10 and has been taking Norco for the pain. Shoulder exam: exam reveals active flexion to 95 degrees, abduction to 90 degrees, external rotation at 20 degrees, adduction to the waist. He has a healed surgical incision. He has passive flexion 140 degrees, abduction 135 degrees, external rotation 25 degrees, adduction L4. His strength is 4/5 in all planes except liftoff test which is 5/5. There is positive cross arm. Positive Hawkins, Positive Neer, Positive crank test, Negative load shift, negative sulcus exam. There is full elbow and wrist range of motion noted. Sensation is normal on the left and normal on the right lower extremity. Pedal Pulses palpable x 4. Plan: discussed with pt treatment options conservative vs surgical. He has failed a long period of conservative treatments and wishes to proceed with a revision shoulder scope, subacromial decompression, possible revision rotator cuff repair, and possible open proximal biceps tenodesis. Pt was given Norco 10mg, 100 tabs. recommended for claimant to continue to be off work.

12/30/14- Initial Consultation. Claimant reported that his pain continues in the left shoulder. It is constant and he has had tingling and numbness going down the arm to the hand off and on. Claimant reports having continued decreased range of motion. He reported he cannot lie on the side at night for very long. He reported that he has to readjust positions. He reported that he has difficulty with abduction and forward flexion of the shoulder. He is working part time for a different company at this time and is still taking hydrocodone for pain control. Recommendation: In my opinion, the patient has not reached maximum medical improvement. It appears that he has new findings on his more recent MRI study and 2nd surgery is being recommended

02/09/15- Follow up report hand written. Claimant continued with radiating pain and numbness in the left arm. Impression: Left shoulder pain with recurrent RTC tear. Recommendations: revision shoulder scope, subacromial decompression, possible revision rotator cuff repair, and possible open proximal biceps tenodesis.

03/06/15-Utilization report: Rationale: The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. According to the Official Disability Guidelines, surgery for impingement syndrome is not recommended in conjunction with full thickness rotator cuff repair. The

guidelines note that the criteria for an acromioplasty are documentation noting 3-6 months of conservative care; pain with active are motion 90 degrees to 130 degrees, and pain at night; weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and a positive impingement sign; and imaging study noting the defect. The guidelines indicate that the results of a revision rotator cuff repair are inferior to those of primary repair. The guidelines indicate that the criteria for rotator cuff repair are inferior to those of primary repair. The guidelines indicate that the criteria for rotator cuff repair are inferior to those of primary repair. The guidelines indicate that the criteria for rotator cuff repair with partial thickness are documentation noting 3-6 months of conservative care; pain with active are motion 90 degrees to 130 degrees, and pain at night; weak or absent abduction, tenderness over the rotator cuff or anterior acromial area, and a positive impingement sign; and imaging study noting the defect. Lastly the guidelines note that the criteria for biceps tenodesis are documentation noting 3 months of conservative treatment to include NSAIDs and physical therapy; and history and physical examinations are imaging indicating the pathology. The clinical documentation submitted for review did not indicate at least 3-6 months of conservative care, pain with active arc, pain at night, tenderness over the rotator cuff or anterior acromial are, a positive impingement sign, or imaging studies noting impingement with a need for biceps tenodesis. Consequently, the request is not supported. The guidelines also indicate that a postoperative abduction pillow sling is recommended following open repair of large and massive rotator cuff tears. The clinical documentation submitted for review did not provide information in order to warrant the surgical procedure. Consequently, the request is not supported. As such the request for STAT: OP:Lt Shoulder Scope w/SAD, Revision Rotator Cuff Repair, Possible Open Proximal Biceps Tenodesis 29826 29827 23430 & URGENT ARC Sling / Brace L3960 is non-certified.

03/26/15- Utilization report: Rationale: The previous noncertification is supported. Additional records included an appeal letter. The guidelines would not support surgical intervention without full, objective documentation of recent failure of conservative treatment for the recurrent left shoulder symptoms. This was noted in the records. The request for an appeal of a left shoulder arthroscopy with subacromial decompression, revision rotator cuff repair, possible open proximal biceps tenodesis, ARC sling, and brace is not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient does not require a left shoulder arthroscopy with subacromial decompression, revision rotator cuff repair, and possible biceps tenodesis.

The patient underwent left shoulder arthroscopy with rotator cuff repair and acromioplasty in May 2013. He completed an extensive physical therapy. He continues to have limited active and passive motion of the shoulder. The postoperative MRI of the shoulder (December 2013) demonstrated a high-grade partial thickness rotator cuff tear.

The medical record indicates that patient has limited passive motion. He may have developed adhesive capsulitis following his initial procedure.

There is no documentation of recent failure of conservative treatment for the recurrent left shoulder symptoms. Conservative treatment could include cortisone injections and gentle shoulder manipulation.

The patient also complains of pain and numbness in the left arm. An EMG-NC study should be performed prior to surgical consideration. All pain generators should be identified and addressed prior to a second surgery on the shoulder.

The December 2013 MRI does not indicate any biceps or labral pathology. A biceps tenodesis is not required based on this study.

Based on the records reviewed, the requested OP:Lt Shoulder Scope w/SAD, Revision Rotator Cuff Repair, Possible Open Proximal Biceps Tenodesis 29826 29827 23430 & ARC/Sling Shoulder Brace L3960 is not medically necessary for this patient. Additional conservative care and diagnostics are required.

PER ODG:

Diagnostic arthroscopy	Recommended as indicated below. **Criteria** for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear. (Washington, 2002) (de Jager, 2004) (Kaplan, 2004) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

ODG Indications for Surgery™ -- Rotator cuff repair:
Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and frozen shoulder syndrome have been ruled out:
1. Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. PLUS
2. Objective Clinical Findings: Patient may have weakness with abduction testing. May also demonstrate atrophy of shoulder musculature. Usually has full passive range of motion. PLUS
3. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views. AND MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.
Criteria for rotator cuff repair OR anterior acromioplasty with diagnosis of partial thickness rotator cuff repair OR acromial impingement syndrome (80% of these patients will get better without surgery.)
1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed

toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS
2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night (Tenderness over the greater tuberosity is common in acute cases.) PLUS
3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS
4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff.
(Washington, 2002)
For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

DG Indications for Surgery™ -- Acromioplasty:
Criteria for anterior acromioplasty with diagnosis of acromial impingement syndrome (80% of these patients will get better without surgery.)
1. Conservative Care: Recommend 3 to 6 months: Three months is adequate if treatment has been continuous, six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature. PLUS
2. Subjective Clinical Findings: Pain with active arc motion 90 to 130 degrees. AND Pain at night. PLUS
3. Objective Clinical Findings: Weak or absent abduction; may also demonstrate atrophy. AND Tenderness over rotator cuff or anterior acromial area. AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test). PLUS
4. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary view. AND MRI, ultrasound, or arthrogram shows positive evidence ofimpingement.
(Washington, 2002)

Criteria for Surgery for Biceps tenodesis:
- After 3 months of conservative treatment (NSAIDs, PT)
- Type II lesions (fraying and degeneration of the superior labrum, normal biceps, no detachment)
- Type IV lesions (more than 50% of the tendon is involved, vertical tear, bucket-handle tear of the superior labrum, which extends into biceps, intrasubstance tear)
- Generally, type I and type III lesions do not need any treatment or are debrided
- Also patients undergoing concomitant rotator cuff repair
- History and physical examinations and imaging indicate pathology
- Definitive diagnosis of SLAP lesions is diagnostic arthroscopy
- Age over 40 (otherwise consider SLAP repair).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**